

10/25/2463

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. APPLICANT(S)	FILING DATE					
	CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	X											
2												
3												
4		3										
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TOTAL IND.	1											
TOTAL DEP.	20											
TOTAL CLAIMS	21											

CLAIMS					
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